



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 08/26/2008 To: 10/19/2008
Mo Day Year Mo Day Year

1. Committee I.D. Number

150428-0

2. Committee Name

THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

4. Candidate Last Name

ASBURY

First Name

KURT

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

To Be Determined BAY COUNTY

4b. County of Residence

BAY

Driver License # (Optional)

5. Committee's Mailing Address

P O BOX 775

BAY CITY

MI 48707

Area Code and Phone (989) 922-6447

6. Treasurer's Name & Residential Address

STEWART REID
2196 OLD HICKORY DR

BAY CITY

MI 48706

Area code & Phone

Driver License # (Optional)

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

Area Code and Phone

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

Area Code and Phone

Driver License # (Optional)

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11/04/2008

Month Day Year

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Mon Day Year

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper STEWART REID

Type or Print Name

Signature

Date 10/24/2008
Mo Day Year

Candidate KURT ASBURY

Type or Print Name

Signature

Date 10/24/2008
Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2225.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2225.00</u>	(18.) \$ <u>39110.62</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2225.00</u>	(20.) \$ <u>39110.62</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>1601.53</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1222.18</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1222.18</u>	(23.) \$ <u>37716.50</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>7000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>391.30</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>2225.00</u>	
	(15.) = <u>2616.30</u>	
15. SUBTOTAL Add Lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>1222.18</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1394.12</u> *	

NOTE: Direct contributions, in-Kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROS
UTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/11/2008</u> Name: <u>MI BOILERMAKERS 169</u> Address: <u>5936 CHASE</u> <u>DEARBORN MI 48126</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>2</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/12/2008</u> Name: <u>PLUMBERS & STEAMFITTERS 85 PAC</u> Address: <u>6705 WEISS</u> <u>SAGINAW MI 48603</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>3</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/09/2008</u> Name: <u>MI LABORERS POL LEAGUE PAC</u> Address: <u>302 SOUTH WAVERLY RD, SUITE 8</u> <u>LANSING MI 48917</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2008</u> Name: <u>DIANE CAROLAN</u> Address: <u>7118 MICHIGAN</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NONE</u> Employer <u>NONE</u> Business Address <u>N/A</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	350.00
Page Subtotal	1600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2008</u> Name: THOMAS LA PORTE Address: 2230 GROVELAND BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2008</u> Name: P JEAN LEAMING Address: 37 E SHARLEAR ESSEXVILLE MI 48732 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>N/A</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	500.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2008</u> Name: KRISSY MARSHALL Address: 4105 BELAIRE ST MIDLAND MI 48642 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	100.00
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2008</u> Name: JOHN MCQUILLAN Address: 900 CENTER BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>JOHN MCQUILLAN ATTORNEY</u> Business Address <u>708 CENTER AVE BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	350.00
Page Subtotal	325.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page

*the above fund raising contributions to be included in IF schedule w/ Post General
per K Asbury*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2008</u> Name: <u>WAYNE OTHERSEN</u> Address: <u>6639 CENTER</u> <u>UNIONVILLE MI 48767</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>OTHERSEN INS AGENCY</u> Business <u>PO BOX 109</u> Address <u>UNIONVILLE MI 48767</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	325.00
3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2008</u> Name: <u>TERRY WAGER</u> Address: <u>2696 S WESTGATE</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>EMPIRE PROPERTIES</u> Business <u>2696 S WESTGATE</u> Address <u>BAY CITY MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	250.00
3. Contribution # <u>11</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2008</u> Name: <u>CRAIG ZANOT</u> Address: <u>574 S LINWOOD BEACH</u> <u>LINWOOD MI 48634</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business _____ Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	75.00
3. Contribution # <u>12</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/2008</u> Name: <u>FRED ZAPLITNY</u> Address: <u>518 PENSACOLA</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business _____ Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	50.00
Page Subtotal	300.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	2225.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: DORNBOS PRINTING Address: 1131 EAST GENESSE SAGINAW MI 48607 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/2008	1171.30
Expenditure # 2 Name: BAY CITY DEOCRAT PRESS Address: PO BOX 278 BAY CITY MI 48707 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2008	50.88

Subtotal this page

1222.18

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1222.18

Enter this total
on line 8a of
Summary Page



1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee.)

CFR REV 7/1999c-1e

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page